B22A (Official Form 22A) (Cha	pter /)	(04/13)
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In re	Lateefah Simon	
Case N	Debtor(s) Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY IN	NCOME FOR § 707(b)	(7) E	XCLUSION	
	Marital/filing status. Check the box that applies and complete the				
	a. Unmarried. Complete only Column A ("Debtor's Income"				
	b. \square Married, not filing jointly, with declaration of separate house	eholds. By checking this box,	debtor	declares under	penalty of perjury:
	"My spouse and I are legally separated under applicable non-b				
2	purpose of evading the requirements of § 707(b)(2)(A) of the for Lines 3-11.	only c	column A (''Del	otor's Income'')	
	c. Married, not filing jointly, without the declaration of separat	te households set out in Line	2.b abo	ve. Complete b	oth Column A
	("Debtor's Income") and Column B ("Spouse's Income") f				
	d.			se's Income'')	for Lines 3-11.
	All figures must reflect average monthly income received from all s			Column A	Column B
	calendar months prior to filing the bankruptcy case, ending on the lithe filing. If the amount of monthly income varied during the six n			Debtor's	Spouse's
	six-month total by six, and enter the result on the appropriate line.	nomins, you must divide the		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$	5,395.27	\$ 0.00
	Income from the operation of a business, profession or farm. Su	ıbtract Line b from Line a and			
	enter the difference in the appropriate column(s) of Line 4. If you				
	business, profession or farm, enter aggregate numbers and provide				
4	not enter a number less than zero. Do not include any part of the	business expenses entered o	n		
4	Line b as a deduction in Part V. Debtor	Spouse	٦		
	a. Gross receipts \$	0.00 \$ 0.00	,		
	b. Ordinary and necessary business expenses \$	0.00 \$ 0.00			
	c. Business income Subtract Line b		\$	0.00	\$ 0.00
	Rent and other real property income. Subtract Line b from Line	a and enter the difference in			
	the appropriate column(s) of Line 5. Do not enter a number less th				
	part of the operating expenses entered on Line b as a deduction	in Part V.	_		
5	Debtor	Spouse			
	a. Gross receipts \$	0.00 \$ 0.00	_		
	b. Ordinary and necessary operating expenses \$ c. Rent and other real property income Subtract Line b	0.00 \$ 0.00	<u> </u> _{\$}	0.00	\$ 0.00
6	C. Rent and other real property income Subtract Line be Interest, dividends, and royalties.	o from Line a	\$	0.00	
7	Pension and retirement income.		\$	0.00	
,		is for the household	φ	0.00	φ 0.00
	Any amounts paid by another person or entity, on a regular bas expenses of the debtor or the debtor's dependents, including chi				
8	purpose. Do not include alimony or separate maintenance payment				
	spouse if Column B is completed. Each regular payment should be		_		
	if a payment is listed in Column A, do not report that payment in C		\$	0.00	\$ 0.00
	Unemployment compensation. Enter the amount in the appropriate				
	However, if you contend that unemployment compensation receive benefit under the Social Security Act, do not list the amount of such		ı		
9	or B, but instead state the amount in the space below:	ii compensation in Column 71			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.0	00 Spouse \$ 0.00			
	or a continuate and social security free		- Ψ	0.00	\$ 0.00
	Income from all other sources. Specify source and amount. If nec				
	on a separate page. Do not include alimony or separate maintena spouse if Column B is completed, but include all other payments				
	maintenance. Do not include any benefits received under the Social				
1.0	received as a victim of a war crime, crime against humanity, or as a				
10	domestic terrorism.	_			
	Debtor	Spouse	41		
	a. \$ b. \$	\$ \$	-		
	Total and enter on Line 10	Ι Ψ	- \$	0.00	\$ 0.00
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines	3 thru 10 in Column A and			
11	Column B is completed, add Lines 3 through 10 in Column B. Ent		\$	5,395.27	\$ 0.00

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		5,395.27
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	64,743.24
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: CA b. Enter debtor's household size: 4	\$	75,111.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•	
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does no	ot arise" at the
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CUR	REN'	Γ MONTHLY INCOM	ME FOR § 707(b) (2	2)
16	Enter the amount from Line 12.					\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11. Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. S				\$		
18	Current monthly income for § 70	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Sta	ndard	s of the Internal Revenu	e Service (IRS)	
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person Allowance per person						
	b1. Number of persons c1. Subtotal		b2. c2.	Number of persons Subtotal		\$
20A	Local Standards: housing and uti Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom y	expenses for the applic from the clerk of the allowed as exemption	cable co bankruj	ounty and family size. (This otcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	Local Standards: transportation; vehicle operation/public transpor You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.				
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8. \square 0 \square 1 \square 2 or more.	es or for which the operating expenses are			
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	s			
	1, as stated in Elife 12	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as re Do not include discretionary amounts, such as voluntary	tirement contributions, union dues, and uniform costs.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		
	•		\$
20	Other Necessary Expenses: court-ordered payments. Enter		
28	pay pursuant to the order of a court of administrative agency, such as spousar of clinic support payments. Do not		
	include payments on past due obligations included in Line	2 44. 	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		
30	Other Necessary Expenses: childcare. Enter the total avera childcare - such as baby-sitting, day care, nursery and presch		\$
			Ψ
	Other Necessary Expenses: health care. Enter the total average health care that is required for the health and welfare of your		
31	insurance or paid by a health savings account, and that is in e		
	include payments for health insurance or health savings a		\$
	Other Necessary Expenses: telecommunication services.	Enter the total average monthly amount that you	
22	actually pay for telecommunication services other than your		
32	pagers, call waiting, caller id, special long distance, or intern		
	welfare or that of your dependents. Do not include any amo	unt previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$
	Subnant D. Additional	Living Expense Deductions	•
	-	-	
	Note: Do not include any expens	ses that you have listed in Lines 19-32	
	Health Insurance, Disability Insurance, and Health Savin the categories set out in lines a-c below that are reasonably n dependents.		
34	a. Health Insurance \$		
	b. Disability Insurance \$		
	c. Health Savings Account \$		\$
			Ψ
	Total and enter on Line 34.		
	If you do not actually expend this total amount, state your	actual total average monthly expenditures in the space	
	below:		
	\$		
	Continued contributions to the care of household or famil		
35	expenses that you will continue to pay for the reasonable and		
	ill, or disabled member of your household or member of you expenses.	r immediate family who is unable to pay for such	\$
<u> </u>	*		Ψ
36	Protection against family violence. Enter the total average is actually incurred to maintain the safety of your family under		
	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		
-		• • •	\$
	Home energy costs. Enter the total average monthly amoun		
37	Standards for Housing and Utilities, that you actually expend trustee with documentation of your actual expenses, and		
	claimed is reasonable and necessary.	you must acmonstrate that the additional amount	\$
		p, d., d. at a s	•
	Education expenses for dependent children less than 18. I actually incur, not to exceed \$156.25* per child, for attendan		
38	school by your dependent children less than 18 years of age.		
	documentation of your actual expenses, and you must exp		
	necessary and not already accounted for in the IRS Stand		\$
	necessary and not affeatly accounted for in the IRS Stand		7

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tot	al Additional Expense Deduction	s under § 707(b). Enter the total of L	ines	34 through 40		\$
		S	ubpart C: Deductions for Del	bt I	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A		Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				r	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor						
						otal: Add Lines	\$
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				\$			
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of chapter 13 case Total: Multiply Lines a and b				\$		
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.						\$
		Sı	ubpart D: Total Deductions fi	ron	1 Income		
47	Tot	al of all deductions allowed under	r § 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
		Part VI. DE	ETERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Ent	er the amount from Line 47 (Total	al of all deductions allowed under §	707	(b)(2))		\$
50	Mo	nthly disposable income under §	707(b)(2). Subtract Line 49 from Line	: 48	and enter the resu	ılt.	\$
51		60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					

	Initial presumption determination. Check the applicable box and proceed as d	irected.			
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. ○	Complete the remainder of Part VI (I	Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the numb	per 0.25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable box and proceed	as directed.			
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	for "The presumption does not arise	se" at the top of page 1		
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top		
	Part VII. ADDITIONAL EXPENSI	E CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.				
	Expense Description	Monthly Amou	nt		
	a.	\$			
	b.	\$			
	C.	\$	_		
	d.	\$	_		
	Total: Add Lines a, b, c, and d	\$			
	Part VIII. VERIFICATIO	N			
	I declare under penalty of perjury that the information provided in this statemen	t is true and correct. (If this is a join	nt case, both debtors		
57	must sign.) Date: February 28, 2014 Signate	ure: /s/ Lateefah Simon			
		Lateefah Simon (Debtor)			
	1				

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2013 to 01/31/2014.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Rosenberg Foundation

Income by Month:

6 Months Ago:	08/2013	\$0.00
5 Months Ago:	09/2013	\$0.00
4 Months Ago:	10/2013	\$0.00
3 Months Ago:	11/2013	\$10,366.04
2 Months Ago:	12/2013	\$12,156.24
Last Month:	01/2014	\$9,849.32
	Average per month:	\$5,395.27